

NCD Alliance Advocacy Briefing

72nd WHO SEARO Regional Committee Meeting

2-6 September 2019, New Delhi, India

This briefing note provides an overview of the NCD Alliance's main advocacy priorities and key messages for the 72nd WHO SEARO Regional Committee Meeting. The 2019 RCMs take place in the months before and after the 2019 UN High-Level Meeting (HLM) on Universal Health Coverage (UHC), which will take place on 23 September 2019. While the text of the Political Declaration of the HLM is due to be finalised imminently, all RCMs present a key opportunity to encourage rapid implementation of the commitments set out in the Political Declaration, and also to encourage leaders to drive progress at a rate which goes above and beyond the language contained within the document, catalysing a wider international response. This briefing is intended to support advocates in conversations with Member State representatives, and combines relevant agenda items and key messages used for the past World Health Assembly (WHA) 72 in May 2019, as well as those specific agenda items for the WHO SEARO RCM. Official documents for the meeting can be found [here](#).

Non-Communicable Diseases (NCDs)

Follow-up to HLMs of the UN General Assembly - Prevention and control of NCDs

The WHA noted the report by the Director-General and adopted the draft decision EB144(1) on actions by the WHO to follow up on the 2018 UN HLM on NCDs ([A72/19](#) & [Decision EB144\(1\)](#)). NCDA strongly encouraged WHA72 to **adopt Decision EB144(1)**, which extends the period of the WHO's global action plan for prevention and control of NCDs and mental health action plan to 2030, to align with the SDG timeframe. The Decision mandates WHO to update the appendices of the NCD action plan to achieve NCD reduction commitments and SDG3.4. In particular, WHO is tasked with updating the menu of policy options and cost-effective interventions to include measures to promote mental health and to tackle air pollution. The Decision also asks the WHO to report to WHA73 in 2020 on progress on the global strategy to reduce harmful use of alcohol, and to report in 2021 on ways forward and to share best practices on prevention of overweight and obesity. The Decision reiterates the demand from Member States for technical support and asks for more human and financial resources to be made available, including for technical support on NCD surveillance and integration of prevention and control NCDs and mental health into primary health care.

The **DG's report** outlined the process that led to the HLM on NCDs in 2018, the main outcomes of the NCD Political Declaration and proposed WHO follow-up actions. The DG's report to WHA shows ([Table 3, p. 6](#)) that across almost all indicators there has been very little or zero progress or there is no data. Indicators for diet-related type 2 diabetes and obesity show an alarming increase.

WHO SEARO agenda item 9.6 will present a progress report on the '*Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level*' (**no document available**), which comes into relevance after the Political Declaration adopted at the 2018 UN HLM on NCDs. The Colombo Declaration ([SEA/RC69/R1](#)) was endorsed by the Health Ministers of the region at the 69th Session of the WHO SEARO RCM in September 2016 in Colombo, Sri Lanka. It mentions the concerns on the increased NCD burden and mortality in the region, and that primary health care is the best approach to achieve UHC and under a leaving none behind approach. Ministers of Health committed to:

- Improve access to and quality of integrated NCD management at the primary health care level;
- Ensure adequate and efficient budgets, resource mobilisation and allocation for NCD management, especially through sustainable financing and hypothecated taxation on unhealthy commodities (tobacco, alcohol and unhealthy foods and beverages).
- Address the availability and accessibility of health workers to manage NCDs;
- Increase availability of and access to essential medicines and basic technologies for NCDs;
- Strengthen and integrate health information systems for NCD services;

- Addressing the major social and environmental determinants of NCDs, by stronger advocacy and partnerships, including with community organisations and leaders.

Key Messages:

- **Ensure progress, not procrastination by 2025:** We urge Member States to demonstrate renewed commitment to the prevention and control of NCDs to meet the 25x25 and 2030 targets. We support the mandate in the WHA Decision to update the evidence base and expand the toolbox of Best Buys and recommended interventions, which is strong and consistently growing with post-implementation evidence of the impact on public health and cost-effectiveness. We call on governments to support the WHO Secretariat to identify a comprehensive package of effective, evidence-based interventions, which should be implemented to achieve SDG 3.4 and make a significant contribution to the SDGs more broadly - including poverty reduction, equity, including for gender, and environmental goals. The toolbox should be updated *by 2020* to include measures to tackle mental health and air pollution. These should include fiscal measures on fossil fuels, including removal of health-harmful subsidies.
- **Support implementation of all cost-effective interventions for the prevention and control of NCDs:** We caution against identifying a specific subset of “NCD accelerators” from the existing list of WHO best buys and other recommended interventions as it could lead to pressure to remove cost-effective interventions due to the undue influence of unhealthy commodity industries on a few Member States. The WHO can provide tailored guidance on which measures should be prioritised according to burden of disease and resources in different national contexts. However, the full list serves as an important toolbox for governments to select tried and tested measures and adapt to local contexts. The set of tools available should be regularly updated to reflect scientific progress and real-world experience.
- **WHO accountability - Ensure WHO top management responsibility for the NCD Delivery Plan:** The WHO, including WHO regional offices, should foresee top level management to ensure cross-department coordination and delivery, including sufficient resources to meet increasing demand from Member States for technical assistance and to support roll-out of the technical packages and recommended interventions. We call on WHO and WHO regional offices to integrate reports of progress on target 21 of the Global Programme of Work (aligned with SDG target 3.4) into all NCD reporting ahead of the next HLM, in order to hold governments to account.
- **Elevate the voices of people living with NCDs, young people, and marginalised populations:** The 2018 NCD HLM Political Declaration recognised the need to amplify voices of civil society and especially people living with NCDs (PLWNCDs), to ensure a people-centred approach to NCD prevention and control. We call on Member States to undertake well-publicised actions to include PLWNCDs, young people, and marginalised groups, such as women and indigenous peoples, throughout all stages of policy and programme development and implementation.
- **Secure sustainable financing for NCDs:** Despite the large economic and social burden of NCDs, the response remains chronically and disproportionately underfunded. Demand for technical assistance is very high and continues to increase. We ask Member States to call for more clarity from the WHO programme budget, to make transparent the resources available for NCDs, including human resources and technical expertise in-country to increase absorption capacity for funds from different sources; this clarity and transparency should also be encouraged at the WHO regional offices level.
- **Exercise caution when engaging the private sector in the NCD response:** The private sector is not a homogenous group and therefore due consideration must be given to any real or perceived conflict of interest. The negotiations on the 2018 HLM on NCDs were illustrative of the significant negative influence of some private sector entities, weakening language to put narrow commercial interests above public health. And we note that once again that the DG’s report (Annex 2) has been amended to further weaken language on fiscal measures, in particular dropping a recommendation to governments to include all sugar-sweetened drinks in SSB taxes, *including fruit juices and sweetened milk drinks*.

We therefore consider WHO’s bilateral engagement with the alcohol and SSB sectors to be inappropriate and counterproductive, given their track record of lobbying against evidence-based interventions and the failure of self-regulation. We encourage Member States to call on WHO to drop

dialogues with these sectors and to require all stakeholder dialogues and collaborations to be conducted in full transparency, including public record of meeting attendance. We recommend that the Secretariat focuses instead dialogue with businesses with a vested interest in improving health, such as the insurance sector, active mobility, clean energies, and healthy homes.

- **Engage fully in consultations on the first decade of [Global Strategy on Harmful Use of Alcohol](#):** According to the 2018 Global status report on Alcohol and Health, progress toward reducing harmful use of alcohol has stalled over 10 years, and has been too slow and insufficient to meet NCD and SDG targets. In some countries/regions, harmful use of alcohol has been increasing in some populations particularly in Low- and Middle-Income Countries in Asia and some parts of Africa. The lack of progress is largely due to very slow and inadequate implementation of robust evidence-based policies, namely those in the GAS itself, Best Buys and SAFER technical package on marketing restrictions, fiscal policies, availability restrictions, brief interventions and enforcement of drink driving counter-measures. The alcohol industry's persistent interference in and undermining of policy making and science, and strategies such as intense marketing and development partnerships to expand new markets have contributed to continued increases in alcohol use in communities not equipped to bear the burden of alcohol harms (increased alcohol-related cancer risk, violence and road injuries). During 2019 the WHO will undertake consultations on progress in the 1st decade of the [Global Strategy on Harmful Use of Alcohol](#) and ways forward, reporting through EB146 to WHA73. We urge all SEARO Member States to engage fully in this consultation, particularly reporting on enablers and barriers to progress in their countries. We urge SEARO Member States to commit to increased implementation of WHO SAFER package comprising cost effective measures to reduce harmful use of alcohol and contribute to greater NCD prevention, and to request increased technical assistance from WHO secretariat for this. We recommend Member States to request development of stronger global mechanisms to protect policy making that protect health and safety from vested interests. We SEARO Member States to prioritise focused attention to strategies to address harmful use of alcohol in forthcoming RCMs.

Accelerating the elimination of cervical cancer

WHO SEARO agenda item 8.6 presents a working paper for consideration called '*Accelerating the elimination of cervical cancer as a global public health problem*' ([SEA/RC72/11](#)), which emphasises that cervical cancer is a significant health problem in SEA, with nearly 160,000 new cases and 96,000 deaths every year (2018). Regional action on cancer is framed under the adopted resolution on cancer prevention and control to face NCDs (68th Session of WHO SEARO RCM), the Regional Strategic Framework for the comprehensive control of cancer cervix, the Regional Vaccine Action Plan (2016-2020) and the Action Plan for the prevention and control of NCDs in South-East Asia 2013-2020. Progress in the region includes countries like Bhutan, Maldives, Sri Lanka and Thailand introducing HPV vaccine nationally, and screening and treatment of pre-cancers to be initiated by all Member States. However, there are still important challenges such as global vaccine shortages and price levels for HPV vaccines, as well as limited capacity for screening and limited availability of quality treatment and palliative care.

Key messages:

- **Accelerate progress towards the elimination of cervical cancer:** We urge SEARO Member States to follow the recommendations included in this working document, which calls for developing and strengthening national cervical cancer control plans (considering the continuum of care); addressing data gaps; incorporating cervical cancer screening and management; and considering the introduction of HPV vaccines (applying to Gavi as appropriate).
- **Support national and regional level progress towards the elimination of cervical cancer:** We urge WHO SEARO to follow the recommendations included in the working document, by updating the regional implementation guidance on cervical cancer, providing technical support to SEARO Member States, and reporting to the Regional Committee every two years on the status of progress.
- **Support the resolution on cervical cancer elimination at the upcoming WHO Executive Board and World Health Assembly in 2020** and bring this resolution together with the Regional Strategy above under one umbrella for action, recognising that actions to eliminate cervical cancer can provide a foundation for progressive realisation of national cancer control plans and UHC through to 2030.

- We urge the WHO and its SEARO regional office to continue strengthening its efforts to support Member States in formulating, costing, implementing and monitoring national cancer control plans, particularly through increased technical support.

Universal Health Coverage (UHC)

UHC in the context of SDGs

WHO SEARO RCM agenda item 8.1 presents an ‘*Annual report on monitoring progress on UHC and health-related SDGs*’ ([SEA/RC72/6](#)), just as it was requested by the 70th Session of the WHO SEARO RCM in 2017, and which is particularly relevant as this RCM takes place two weeks before the UN HLM on UHC (23 September). This report includes projections until 2030 for essential service coverage, suggesting that only 5 Member States (Bhutan, DPR Korea, Maldives, Thailand and Sri Lanka) in the region are likely to reach more than 80% coverage by 2030 unless there is significant acceleration; India (79%), Indonesia (78%) and Nepal (76%) are close, but not reaching 80%. More detailed information will be published in a forthcoming report named ‘*Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region: 2019 update*’, and which is particularly focused on NCDs and their risk factors.

Key messages:

- **Accelerate progress on essential service coverage:** We urge SEARO Member States to accelerate efforts and progress to reach 80% universal health coverage by 2030, especially through primary health care and an improved range and quality of frontline services and workers.
- **Enable community engagement and empowerment in UHC design, development, and accountability processes:** We urge Member States to examine and adopt the suggested Framework to enhance district and local level delivery of essential health services, which can accelerate the attainment of UHC and SDGs by 2030. UHC will only be successful if it takes into account the continuum of care (from prevention to rehabilitation and palliative care) and the needs of people most affected by determinants, risk factors and outcomes, hence the need of the suggested person-centred approach to enhance the meaningful involvement of people living with NCDs and other diseases. The lived experience of people who interact with the health system - especially of those people living with multiple conditions, together with their carers, young people, and marginalised groups - must shape UHC systems to meet the needs of people and populations. Communities must be meaningfully engaged from the design and development of national UHC packages, through to implementation, monitoring, and evaluation.
- **Strengthen health systems to respond to the increasing burden of NCDs and multi-morbidities:** Weak health systems remain an obstacle to progress, and resilient health systems are required to ensure people have access to basic services, including NCD prevention, treatment and care. Health systems must deliver integrated services that address multi-morbidities between NCDs and other diseases such as HIV/AIDs and TB, as well as maternal health conditions, to ensure a person-centred approach.
- **Accelerate action on the risk factors for NCDs:** Reducing exposure to the main risk factors for NCDs has stalled in some areas, such as alcohol use, obesogenic environments and air pollution. In order to meet the global targets for NCDs and health-related SDGs, Member States should implement the WHO recommended interventions, and should adopt and/or strengthen monitoring tools and frameworks.
- **Facilitate multi-sectoral cooperation with non-health actors:** Achieving the health-related SDGs requires a Health in All Policies approach and cooperation and coordination with all sectors. In order to achieve the 2030 Agenda, it is essential that all relevant non-health actors whose outputs have a health impact are engaged to deliver a coordinated approach, and that parties no longer work in silos.

Community health workers delivering primary health care: opportunities and challenges

The WHA 72 report ([A72/13](#), [Resolution EB144.R4](#) & [EB144/2019/REC/1](#)) highlights the importance of a well-resourced and trained health workforce, largely comprising community health workers. The report also notes challenges faced by community health workers and sets out several opportunities and policy options to help

ensure this critical component of many health systems is well-supported at all levels. The WHA 72 adopted the resolution (R4) recommended by EB144.

Preparation for the UN HLM on UHC

The WHA 72 report ([A72/14](#), [Resolution EB144.R10](#) & [EB144/2019/REC/1](#)) presents the need to focus on achieving UHC and health system strengthening, in addition to continuing the existing disease-oriented focus of the health and development sectors. The report outlines the main components of UHC: service coverage and preventing catastrophic spending on health, which includes out-of-pocket spending exceeding a household's ability to pay and impoverishing spending. The report outlines preparations for the first UN HLM on UHC as well as for a political declaration. The WHA 72 adopted a resolution (R10).

Key Messages: Please see NCD Alliance's resources for the [HLM on UHC here](#) for more details.

- **We urge Members States in the South-East Asia region to send top level representation at the UN High Level Meeting on UHC**, to take place on September 23rd, and to make the links between NCDs and UHC, especially in light of the need to ensure sustainable financing to address these topics. The Financing Development Summit will also take place during the UN General Assembly week, representing an opportunity to express greater commitments on such sustainable financing for health, UHC and NCDs.
- **Prioritise prevention as an essential component of UHC:** Investment in NCD prevention is a prerequisite for UHC. Without sustained focus on the upstream drivers (social, commercial, environmental) of diseases and modifiable risk factors, UHC will drift out of reach for many countries. UHC benefit packages must be designed to address the continuum of care (including primary, secondary and tertiary prevention), and action across all stages of life.
- **Provide primary health care (PHC) as the foundation for UHC:** PHC is the most common entry point for people to the health system and offers the greatest potential to detect high-risk individuals who may be interacting with the health system for other reasons. Integrated PHC can be a powerful tool in decreasing health inequalities, and improving health outcomes.
- **Save lives by increasing equitable, universal access to quality and affordable essential medicines and products:** Access to treatment and care is essential to the fundamental human right to achieve the highest possible standard of physical and mental health and well-being. National UHC packages must increase access to affordable, safe, effective, quality medicines, diagnostics and health technologies.
- **Increase sustainable financing for health and improve efficiency in investments:** Fiscal policies for unhealthy commodities such as taxation of sugar, tobacco, alcohol (STAX) and fossil fuels provide can governments with a double dividend. STAX should be designed to effectively and significantly reduce demand on health systems by reducing consumption and exposure to risk factors, whilst generating revenues which can be directed to health. For some 30 low-income countries, continued development assistance for health will be essential and should be aligned with the burden of disease.
- **Enable community engagement and empowerment in UHC design, development, and accountability processes:** UHC will only be successful if it takes into account needs of people most affected by determinants, risk factors and outcomes. The lived experience of people who interact with the health system - especially of those people living with multiple conditions, together with their carers, young people, and marginalised groups - must shape UHC systems to meet the needs of people and populations. Communities must be meaningfully engaged from the design and development of national UHC packages, through to implementation, monitoring, and evaluation.

Access to medicines and vaccines

Roadmap for access to medicines, vaccines and other health products 2019-2023

Member States at WHA 72 noted the roadmap ([A72/17](#)), provided in response to WHA71(8), requesting the DG to outline the WHO's work on access. The scope of the roadmap includes health products for prevention, treatment, diagnosis, palliative care and rehabilitation, recognised as essential to provide UHC. The roadmap has been revised in light of EB comments: Appendix 2 has been added to show linkages between the GPW13

and roadmap activities, actions, deliverables and milestones, and to reflect the global goods planning process. Information has been added to illustrate WHO's mandate for proposed action and to outline the estimated budget. The report recognises the high percentage of health spending on medicines (up to 20-60% in some LMICs) as a barrier to UHC. *"With the rise of NCDs - many of which are chronic conditions that require long-term treatment - the financial burden on both governments and patients will become even greater."*

The roadmap has a dual focus: ensuring quality, safety and efficacy via regulatory system strengthening, assessment, market surveillance and improving equitable access by matching R&D to public health needs, IP, affordability and pricing and reducing waste, procurement and supply chain management, appropriate prescribing and rational use. The WHO is working to develop a list of agreed indicators to improve access to quality health products, which will contribute to the SDG indicator for access to medicines under development.

Health, environment and climate change

Health, environment and climate change

In the months since EB144, Member States have provided comments on a Draft Global Strategy on Health, Environment and Climate Change ([A72/15](#)) and a Draft Global Plan of Action on climate change and health in small island developing States (SIDS) ([A72/16](#)). Member States at WHA72 noted the Strategy and Action Plan and requested the Director-General to provide progress reports on both issues to WHA74 in 2021.

In line with global discussions, the WHO SEARO RCM agenda item 8.5 presents a proposal for a *'Regional Plan of Action for the WHO Global Strategy on Health, Environment and Climate Change'* ([SEA/RC72/10](#)), with the aim of operationalising the focus of the Global Plan of Action to the needs and perspectives of the WHO South-East Asia Region, and thus its endorsement by Member States. This document highlights that the region has achieved significant progress in addressing the environmental determinants of health, particularly in those related to drinking water and sanitation coverage, as well as has demonstrated political commitment on the topic, such as with its [Declaration](#) by health ministers of Member States at the 70th Session of the WHO SEARO RCM held in Maldives in 2017. Considering progress made and the need to accelerate action even more, this proposed Regional Plan of Action requests Members States to renew and implement country plans and priorities in line with this plan, as well as to scale up their actions on health, environment and climate change, especially addressing air pollution, quality water supplies and the promotion of climate resilient health-care systems. The document specifically asks WHO SEARO to include greenhouse gas mitigation in health-care facilities in the Regional Plan of Action, as well as to support national action and resource mobilisation efforts.

Key Messages:

- **We urge Members States in the SEARO region to send top level representation at the UN Climate Summit** to take place on September 23rd, the same day as the UN High Level Meeting on UHC, and to make the links between climate change, NCDs and UHC, especially in light of the need to ensure sustainable financing to address these topics. The Financing Development Summit will also take place during the UN General Assembly week, representing an opportunity to express greater commitments on such sustainable financing for health, UHC, NCDs and climate change.
- **Climate change and environmental threats pose an unprecedented threat to human health and necessitate urgent and ambitious action to avert global crisis:** Business as usual will guarantee that we pass a point of no return with regard to global warming in less than 12 years and the recent [IBPES report](#) shows irrevocable mass species loss worldwide. Without drastic action to reduce man-made emissions, the melting permafrost will release millions of tonnes of methane and carbon dioxide into the atmosphere, setting off an irreversible chain reaction. We urge Member States and WHO to use terminology which reflects the reality of this crisis, such as climate breakdown and mass extinction. We also urge Member States in the SEARO Region to consider and adopt the recommendations included in the Regional Plan of Action for the WHO Global Strategy on Health, Environment and Climate Change.
- **All Member States should provide health sector inputs into processes related to the UN Framework Convention on Climate Change (including national adaptation plans, national communications and nationally determined contributions):** This is currently only included as an action for SIDS (draft global

plan of action on climate change and health) but is an essential priority for all countries and will require coordination within/between governments, including Ministries of Energy, Environment and Finance.

- **Recognise and address the tactics used by polluting industries to block effective measures:** Strategies deployed by fossil fuels, automotive and aviation lobbies to influence policy-making mirror those used by the tobacco, alcohol, junk food and drinks industries. The health sector has valuable experience to share in this regard. e.g. FCTC article 5.3 demands the protection of public health policies from the vested interests of the tobacco industry, but a comparable paragraph cannot be found, for example in the UNFCCC. We note with grave concern that that previous language in the Draft Global Strategy (EB144/15) noting commitment to tackling “undue influence and vested interests going against public interests” has been removed in the text for WHA.
- **Emphasise opportunities to promote human and planetary health through sustainable food systems:** A growing body of evidence shows the importance of sustainable food systems (from agricultural practices to consumption) to protect planetary health. This is not adequately reflected in the report.
- **Reallocate funds from fossil fuel fiscal reform to investment in health:** As is the case with taxation of other unhealthy commodities, taxes and/or removal of subsidies on fossil fuels reduce consumption and burden on health systems whilst generating revenue which can be invested in health priorities.
- **Consider climate mitigation alongside adaptation:** Just as the health sector has a role in promoting both prevention and control of NCDs, health sector involvement in climate change mitigation is necessary in addition to reactive health sector adaptation. The urgency of adaptation and resilience in SIDS is indisputable, but mitigation must nonetheless not be overlooked. Many climate change mitigation measures offer co-benefits for NCDs, including transitioning to renewable energy to reduce air pollution, creating environments which are conducive to active transport, and ensuring access to locally sourced, minimally processed food as part of plant-rich diets.
- **Expand evidence for cost-effectiveness of co-benefit interventions:** Governments can be encouraged to invest in co-benefit solutions for health promotion and climate change mitigation if presented with evidence on the savings which will be made - both in terms of economics and human lives.
- **Establish guidance for Health Impact Assessments for all policies:** Assessment of the health impact of all policy proposals should be carried out and taken into account for decision making across key sectors. In particular, the health impact of proposals in areas including energy, transport, housing, labour, industry, food systems and agriculture, water and sanitation, and urban planning, should be assessed to ensure and maximise overall benefit to public health.
- **Provide and promote guidance on establishing cross-sectoral governance structures:** Improved coordination between health and non-health sectors at local, national, regional and global levels, is at the heart of the ‘massive prevention effort’ in the report. Key sectors are included in [figure 1](#) (page 6) of the strategy, to which trade, economic, foreign affairs, development and social sectors should be added.